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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Albania,* Australia, Austria,* Belgium, Benin,* Bulgaria,* Burkina Faso,* Canada,* Chile, Colombia,* Croatia, Cyprus,* Czechia,* Democratic Republic of the Congo, Denmark,* Estonia,* Fiji,* Finland,* France,* Georgia, Germany, Greece,* Iceland, Ireland,* Latvia,* Lithuania,* Luxembourg,* Madagascar,* Monaco,* Montenegro,* Netherlands,* New Zealand,* Norway,* Peru, Portugal,* Romania,* Serbia,* Slovenia, Spain, Sweden,* Switzerland, the former Yugoslav Republic of Macedonia,* Tunisia, United Kingdom of Great Britain and Northern Ireland, Ukraine, Uruguay:* draft resolution

39/... Preventable maternal mortality and morbidity and human rights in humanitarian settings

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Reaffirming the Universal Declaration of Human Rights, and recalling relevant international instruments, including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities,

Recalling the Geneva Conventions of 12 August 1949, the Additional Protocols thereto of 8 June 1977, and the Convention relating to the Status of Refugees,

Recalling also General Assembly resolution 72/132 of 11 December 2017 on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development,

Recognizing that preventing maternal mortality and morbidity is one of the human rights priorities for all States, and reaffirming that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

Recalling previous Human Rights Council resolutions on preventable maternal mortality and morbidity and human rights,

* State not a member of the Human Rights Council.

Reaffirming the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, and reaffirming also the resolutions and agreed conclusions of the Commission on the Status of Women, and the resolutions of the Commission on Population and Development,

Recalling the Secretary-General's renewed Global Strategy on Women's, Children's and Adolescents' Health, and recognizing the important role it can play in reducing preventable maternal mortality and morbidity,

Welcoming the efforts of the World Health Organization, the United Nations Population Fund and other United Nations agencies, funds and programmes, within their respective mandates, to prevent maternal mortality and morbidity, and recalling the global commitment to the reduction of maternal mortality and to promote sexual and reproductive health and reproductive rights, in accordance with the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development and their review conferences and outcome documents,

Taking note of the efforts of the Inter-agency Working Group on Reproductive Health in Crises of the Inter-agency Standing Committee Reference Group on Principled Humanitarian Action to expand and strengthen access to quality sexual and reproductive health-care services for people in humanitarian settings,

Taking note also of the report and the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents,[1] the cooperation framework between the World Health Organization and the Office of the United Nations High Commissioner for Human Rights and that between the Office of the High Commissioner and the United Nations Population Fund, and also of the draft articles on the protection of persons in the event of disasters, adopted by the International Law Commission,[2]

Recognizing the importance of strengthening coordination between all relevant United Nations agencies, entities providing humanitarian assistance and civil society organizations in accordance with their respective mandates, and the need for States to ensure fully respect for and the protection and fulfilment of sexual and reproductive health and reproductive rights, in accordance with the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development and their review conferences and outcome documents, in reducing preventable maternal mortality and morbidity in humanitarian settings,

Acknowledging that international humanitarian law and international human rights law are complementary and mutually reinforcing, and recognizing that persons affected by disasters are entitled to the respect for and protection of their human rights in accordance with international law,

Reaffirming that States have an obligation to take steps to achieve the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, free from discrimination, including in humanitarian settings,

Recognizing that a human rights-based approach to the elimination of preventable maternal mortality and morbidity is underpinned by the principles of, inter alia, accountability, participation, transparency, empowerment, sustainability, non-discrimination and international cooperation,

Stressing that reducing maternal mortality and morbidity with full respect of States' human rights obligations and commitments will require integrated efforts across the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda of the Third

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[1] *Leading the Realization of Human Rights to Health and through Health*, report of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents (Geneva, World Health Organization, 2017).

[2] See A/71/10.

International Conference on Financing for Development and in the means of implementation of the 2030 Agenda,

Recognizing that respect for and the protection and fulfilment of the full enjoyment of human rights by all women and girls and the full implementation of all Goals and targets of the 2030 Agenda, including Goal 5 on achieving gender equality and empower all women and girls and target 3.1 on reducing global maternal mortality, are interrelated and mutually reinforcing,

Recognizing that sexual and reproductive health and reproductive rights are integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and that comprehensive sexual and reproductive health-care services must have the interrelated and essential elements of availability, accessibility, acceptability and quality, on the basis of non-discrimination and formal and substantive equality, including by addressing multiple and intersecting forms of discrimination,

Deeply concerned that there are continuing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, which have a negative impact on rates of maternal mortality and morbidity, and that the full enjoyment of this right remains a distant goal for many women and girls throughout the world,

Recognizing that violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, such as inadequate emergency obstetric services and unsafe abortion, can cause high levels of maternal morbidity, including obstetric fistula, leading to ill health and death for women and girls of childbearing age in many regions of the world, and particularly in humanitarian settings, and that a dramatic and sustainable scaling up of quality treatment and health-care services, including high-quality emergency obstetric services and also of the number of trained, competent fistula surgeons and midwives, is needed to significantly reduce maternal and new-born mortality and to eradicate obstetric fistula,

Recognizing also that humanitarian settings may exacerbate pre-existing patterns and structures of discrimination and inequalities and further undermine access to health care, information and services, housing, water, sanitation, education and employment for women and girls, and that in affected areas access to essential services, such as health-care services, including sexual and reproductive health-care services, are disrupted owing to inadequate infrastructure, lack of professional health-care workers, basic medicines and health-care supplies and survivor-centred referral pathways for all survivors of sexual and gender-based violence,

Recognizing further that, in humanitarian settings, disintegrating judicial systems, gender-based discrimination and discrimination against refugees in host countries, fear of reprisals against their families or themselves, and the stigma associated with sexual and gender-based violence all prevent women and girl survivors of sexual and gender-based violence and those denied access to sexual and reproductive health-care services from reporting sexual violence and seeking justice, accountability and remedies for the violations they have endured,

Deeply concerned that women and girls living in humanitarian settings are disproportionately exposed to a high risk of violation of their rights, including through trafficking, sexual and gender-based violence, systematic rape, sexual slavery, forced sterilization, forced pregnancy, harmful practices such as child, early and forced marriage, and lack of accessible and appropriate sexual and reproductive health-care services, evidence-based information and education, including comprehensive sexuality education consistent with the evolving capacities of the child, lack of access to perinatal care, including skilled birth attendance, and emergency obstetric care, poverty, underdevelopment, all types of malnutrition, lack of access to medicines and medical equipment, human and material shortages facing health-care systems, humanitarian and funding shortages affecting hospitals, technical assistance, capacity-building and training needs, and lack of access to water and sanitation, resulting in heightened risks of unwanted pregnancies, unsafe abortion and maternal mortality and morbidity,

Reaffirming that human rights include the right to have control over and to decide freely and responsibly on matters relating to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships in matters of sexual relations and reproduction, including full respect for dignity, integrity and bodily autonomy, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences,

Recognizing that there are large disparities in maternal mortality and morbidity rates between countries, but also within countries, and between women and girls facing multiple and intersecting forms of discrimination, and noting with concern that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age, and that complications in pregnancy and childbirth are a leading cause of death among adolescent girls in developing countries, which creates the need to address all social, economic and environment determinants of health in order to reduce the aforementioned disparities,

Deeply concerned that in countries affected by humanitarian situations, the estimated lifetime risk of maternal mortality is 1 in 54 compared to 1 in 180 globally, and that the majority of preventable maternal deaths have occurred in settings of armed conflict, natural disasters and displacement,

Convinced that greater political will and commitment, international cooperation and technical assistance at all levels are urgently required to reduce the unacceptably high global rate of preventable maternal mortality and morbidity, both globally and in humanitarian settings, and that the integration of a human rights-based approach to the provision of sexual and reproductive health-care services can contribute positively to the common goal of reducing that rate,

Recognizing the need for further disaggregated data on maternal mortality and morbidity rates, and for access to sexual and reproductive health-care services in humanitarian settings,

Acknowledging that the failure to prevent maternal mortality and morbidity is one of the most significant barriers to the empowerment of women and girls in all aspects of life, the full enjoyment of their human rights, their ability to reach their full potential and to sustainable development in general, and recognizing the need to bridge the humanitarian-development divide,

1. *Urges* all States to eliminate preventable maternal mortality and to respect, protect and fulfil sexual and reproductive health and reproductive rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and their review conference and outcome documents, and the right to have full control over and decide freely and responsibly on all matters relating to sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including through the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect bodily autonomy and guarantee universal access to sexual and reproductive health-care services, evidence-based information and education within a human rights-based approach, including for family planning, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care, such as skilled birth attendance and emergency obstetric care, safe abortion in accordance with international human rights law and where not against national law, the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, and the integration of sexual and reproductive health into national health strategies and programmes for all women and girls, including adolescents;

2. *Urges* States, in accordance with obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, to ensure the availability, accessibility, acceptability and quality of health-care services, including mental health care and psychosocial services and sexual and reproductive health-care services, free of coercion, discrimination and violence;

3. *Calls upon* States to pay special attention to the particular situation of adolescent girls in humanitarian settings, who may have to assume adult responsibilities and are exposed to higher risks of sexual and gender-based violence, child, early and forced marriage and trafficking, and are likely to be denied education, skills training, safe employment opportunities and access to sexual and reproductive health-care services and information, and to face isolation, discrimination and stigma, mental health issues and risk-taking behaviour;

4. *Encourages* all stakeholders to consider promoting and using the Inter-Agency Standing Committee's Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, the its Gender Handbook and the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, and to ensure delivery of the Minimum Initial Service Package for Reproductive Health at the onset of humanitarian emergencies, with particular attention to women and girls facing multiple and intersecting forms of discrimination and in situations of vulnerability, and to ensure a transition, as soon as possible, towards comprehensive sexual and reproductive health-care services, information and evidence-based education;

5. *Encourages* Governments, local authorities, the United Nations system and regional organizations, and invites donors and other assisting countries, to address the vulnerabilities and capacities of women and girls through gender-responsive programming, including with regard to sexual and reproductive health needs and the means to address sexual and gender-based violence and various forms of exploitation during emergencies and in post-disaster environments, and the allocation of resources in their disaster risk reduction, response and recovery efforts in coordination with the Governments of affected countries;

6. *Strongly urges* States and all parties to armed conflict to take effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel exclusively assigned to medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in armed conflict, including through the development of domestic legal frameworks to ensure respect for their relevant international legal obligations;

7. *Takes note with appreciation* of the report of the Office of the United Nations High Commissioner for Human Rights on the follow-up on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity,[3] and encourages all stakeholders to consider the recommendations contained therein;

8. *Requests* States and other relevant actors to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and international assistance and cooperation arrangements, including by strengthening technical cooperation to address maternal mortality and morbidity, including through the transfer of expertise, technology and scientific data, and exchanging good practices with developing countries, while honouring existing commitments, and to integrate a human rights-based perspective into such initiatives, addressing the impact that discrimination against women and girls has on maternal mortality and morbidity;

9. *Urges* States to ensure that laws, policies and practices respect women's bodily autonomy and privacy and the equal right to decide autonomously in matters regarding their own lives and health by bringing laws and policies concerning sexual and reproductive health, including international assistance policies, into line with international human rights law and repealing discriminatory laws relating to third-party authorization for health information and health-care services, and combating gender stereotypes, norms and behaviours that are discriminatory;

10. *Also urges* States to ensure access to justice and accountability mechanisms and timely and effective remedies for the effective implementation and enforcement of laws

[3] A/HRC/39/26.

aimed at preventing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, including those aimed at preventing maternal mortality and morbidity, including in humanitarian settings, such as by informing women of their rights under relevant international and domestic law, and by improving legal and health infrastructure and removing all barriers in access to legal counselling, assistance and remedies;

11. *Further urges* States to ensure accountability and gender-sensitive, prompt and effective remedies for the violation of the rights of women and girls in relation to maternal mortality and morbidity in humanitarian settings by including transparent forms of monitoring, review and oversight of humanitarian programmes and policies, including the monitoring of inequities;

12. *Calls upon* States to support gender equality and women's rights and the rights of the child, including within families, through awareness-raising initiatives, including in schools and in displaced and refugee camps and settlements, especially education and public awareness-raising, including through the media and online, the incorporation of curricula on all women's and girls' rights into teacher training courses, including the prevention of sexual and gender-based violence and discrimination, and ensuring universal access to evidence-based comprehensive sexuality education consistent with the evolving capacities of the child;

13. *Urges* States and encourages other relevant stakeholders, including national human rights institutions and non-governmental organizations, to take action at all levels, utilizing a comprehensive human rights-based approach to address the interlinked causes of maternal mortality and morbidity, such as lack of accessible, affordable and appropriate health-care services for all, and of information and education, lack of access to medicine and medical equipment, all types of malnutrition, lack of access to safe drinking water and sanitation, poverty, underdevelopment, human and material shortages facing health-care systems, humanitarian and funding shortages affecting hospitals, technical assistance, capacity-building and training needs, harmful practices, including child, early and forced marriage and female genital mutilation, early childbearing, gender-based inequalities and all forms of discrimination and violence against women and girls, and to take concrete measures to eliminate all forms of violence against women and girls, especially adolescent girls, and to ensure access to accountability for survivors of sexual and gender-based violence, including effective reparations and guarantees of non-recurrence, such as the prosecution of sexual and gender-based violence committed in humanitarian settings, while ensuring the meaningful and effective participation of women and girls in the relevant processes;

14. *Calls upon* all relevant actors, including Governments, regional organizations, relevant United Nations agencies, national human rights institutions, entities providing humanitarian assistance and civil society organizations to, within their respective mandates, strengthen their efforts to reduce preventable maternal mortality and morbidity in humanitarian settings when designing, implementing and reviewing policies and evaluating programmes to reduce preventable maternal mortality and morbidity, while ensuring the meaningful participation of women and girls in all decisions that affect them;

15. *Calls upon* States to ensure a more holistic and coordinated approach to the humanitarian-development nexus, and places the individual woman and girl at the centre of humanitarian preparedness and response, and recognizes the need to overcome siloed approaches and fragmented programming;

16. *Also calls upon* States to ensure the effective and meaningful participation of women and girls, including through civil society and feminist networks and women's rights organizations, in identifying and determining needs, priorities for funding and service, processes for access and delivery, and crisis response, in recognition of their agency;

17. *Urges* States to strengthen their statistical capacity and to promote reliable transparent, collaborative and disaggregated data collection on the availability, accessibility, acceptability and quality of sexual and reproductive health-care services for all women and girls in affected populations, including host populations;

18. *Invites* States to consider the systematic integration of sexual and reproductive health as an integral part of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health into the mandates of investigative bodies established by the Human Rights Council, including commissions of inquiry and fact-finding missions, and to address human rights violations suffered by women in humanitarian settings;

19. *Requests* the High Commissioner to prepare, from within existing resources, in consultation with States, United Nations agencies and all other relevant stakeholders, a follow-up report on good practices and challenges to respecting, protecting and fulfilling all human rights in the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance by States and other relevant actors, including the United Nations Population Fund, the United Nations Development Programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Health Organization, and to present it to the Human Rights Council at its forty-fifth session;

20. *Also requests* the High Commissioner, in collaboration with the Inter-agency Working Group on Reproductive Health in Crises, the United Nations Population Fund, the World Health Organization, the United Nations Entity for Gender Equality and the Empowerment of Women and other United Nations specialized agencies, funds and programmes, international human rights mechanisms, entities providing humanitarian assistance and civil society organizations, to organize a two-day meeting in 2019, to discuss good practices, gaps and challenges in the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity in humanitarian settings, and to submit a summary report thereon to the Human Rights Council at its forty-second session;

21. *Decides* to remain seized of the matter.